

FILED FEB 24 1947 91

1003

322

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(c) Name of hospital or institution 1719 MARKET ST.  
(d) Length of stay: In hospital or institution (Specify whether)

In this community  
years, months or days

3. (a) PRINT FULL NAME John B. Chumbley

3. (b) If veteran, name war yes 3. (c) Social Security 702-12-6499

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 13 years (Day) (Year)  
7. Birth date of deceased 3 13 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 10 10 hr. min.

9. Birthplace ILL. (City, town, or county) (State or foreign country)

10. Usual occupation SWITCHMAN

11. Industry or business RAIL ROAD

12. Name John B. Chumbley  
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)  
14. Maiden name MARTHA HARDESTY  
15. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant Barbara Jordan  
(b) Address 1001 S. 1st St. St. Louis, Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-47  
(Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director THOMAS FUNERAL HOME

(b) Address 6322 So. Grand St.

19. (a) 1777 12 10 1947 (b) J. F. Budick  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County ST. LOUIS  
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")  
(d) Street No. 1719 MARKET ST. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1947 hour 10 minute 05 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Sclerosis  
Arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) gta

Major findings: Of operations none

Of autopsy pending

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) (c) Month of injury 3

23. Signature Thomas J. Callahan (M.D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 1/10/47

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Virgil L. Berryman*

Licensed Embalmer No.....

*3618*

P. O. Address.....

*St. Louis Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**